| HAMILTON, BROOK, SMITH & REYNOLDS, P.C.                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                  |                                                                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                            |                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|
| UTILITY PATENT APPLICATION TRANSMITTAL                                                                                                                                                                                                                                                        |                                                                                                                                                                               | Attorney Docket No.                                                                                              |                                                                   | 1855.10                                                                                                                                                       |                                                                                                                                                           | 0.70                                                                                                                                                                       |                                   |  |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | First Named Inventor or<br>Application Identifier                                                                |                                                                   | Christopher J. Horvath                                                                                                                                        |                                                                                                                                                           |                                                                                                                                                                            | s.<br>2061                        |  |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | Express Mail Label No.                                                                                           |                                                                   | EJ611949115US                                                                                                                                                 |                                                                                                                                                           |                                                                                                                                                                            | 7/66                              |  |
| Title of Invention Method of Inhibiting Stenosis and R                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                  | estenosi                                                          | s                                                                                                                                                             |                                                                                                                                                           |                                                                                                                                                                            | 222                               |  |
| APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                  | ADDR                                                              | ESS TO:                                                                                                                                                       | Mail Stop Pate<br>Commissioner<br>P.O. Box 1450<br>Alexandria, V                                                                                          | for Patents                                                                                                                                                                |                                   |  |
| [X] Fee Transmittal Form     (Submit an original, and a duplicate for fee processing)  2. [X] Specification     (preferred arrangement set forth below)     - Descriptive title of the invention     - Cross References to Related Applications     - Statement Regarding Fed sponsored R & D |                                                                                                                                                                               |                                                                                                                  | 6. [X                                                             | (if applicabl                                                                                                                                                 | and/or Amino Acid<br>e, all necessary)<br>omputer Readable I                                                                                              | •                                                                                                                                                                          | ion                               |  |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                  |                                                                   | 1                                                                                                                                                             | nper Copy (identica                                                                                                                                       |                                                                                                                                                                            |                                   |  |
| - Reference to seque program listing ap                                                                                                                                                                                                                                                       | pendix                                                                                                                                                                        | ole, or a computer                                                                                               | c. [ ] Statements verifying identity of above copies              |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                            |                                   |  |
| <ul><li>Background of the</li><li>Brief Summary of</li></ul>                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                  |                                                                   | ACCOM                                                                                                                                                         | IPANYING APPL                                                                                                                                             | ICATION PARTS                                                                                                                                                              |                                   |  |
| <ul> <li>Brief Description</li> </ul>                                                                                                                                                                                                                                                         | (if filed)                                                                                                                                                                    |                                                                                                                  | Assignment                                                        | Papers (cover shee                                                                                                                                            | t & documents)                                                                                                                                            |                                                                                                                                                                            |                                   |  |
| <ul><li>Detailed Descripti</li><li>Claim(s)</li><li>Abstract of the Di</li></ul>                                                                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                  | [ X                                                               | ] Assignee -                                                                                                                                                  | Millennium Pha<br>Cambridge, Mas                                                                                                                          | rmaceuticals, Inc.<br>sachusetts                                                                                                                                           |                                   |  |
| - Claim(s)                                                                                                                                                                                                                                                                                    | sclosure<br>C. 113) <b>Total S</b><br>vings for Publicat                                                                                                                      |                                                                                                                  | 8. []                                                             | Power of A                                                                                                                                                    | Cambridge, Mas                                                                                                                                            | sachusetts 37 C.F.R. 3.73(b                                                                                                                                                | ) Statement                       |  |
| - Claim(s) - Abstract of the Di  3. [X] Drawing(s) (35 U.S.C [ ] Fig. of the Draw                                                                                                                                                                                                             | sclosure C. 113) Total S<br>vings for Publicate<br>Published                                                                                                                  |                                                                                                                  | 8. []<br>9. []                                                    | Power of A English Trai                                                                                                                                       | Cambridge, Mas ttorney [ ] nslation Document                                                                                                              | sachusetts 37 C.F.R. 3.73(b                                                                                                                                                |                                   |  |
| - Claim(s) - Abstract of the Di  3. [X] Drawing(s) (35 U.S.C [ ] Fig. of the Draw [ X ] No Figure to be  4. [X] Oath or Declaration                                                                                                                                                           | sclosure C. 113) Total S<br>vings for Publicate<br>Published                                                                                                                  | rion [ ]                                                                                                         | 8. []<br>9. []<br>10. [X]                                         | Power of A English Trai                                                                                                                                       | Cambridge, Mas ttorney [ ] nslation Document Disclosure DS)/PTO-1449                                                                                      | sachusetts 37 C.F.R. 3.73(b (if applicable)                                                                                                                                |                                   |  |
| - Claim(s) - Abstract of the Di  3. [X] Drawing(s) (35 U.S.C [ ] Fig. of the Draw [ X ] No Figure to be  4. [ X ] Oath or Declaration  a. [ ] Newly exect b. [X] Copy from a                                                                                                                  | sclosure C. 113) Total Sivings for Publicate Published Total I                                                                                                                | rion [ ]  Pages [6]  copy)                                                                                       | 8. []<br>9. []<br>10. [X]                                         | Power of A English Trail Information Statement (1                                                                                                             | Cambridge, Mas ttorney [ ] nslation Document Disclosure DS)/PTO-1449 Amendment                                                                            | sachusetts 37 C.F.R. 3.73(b (if applicable)                                                                                                                                |                                   |  |
| - Claim(s) - Abstract of the Di  3. [X] Drawing(s) (35 U.S.C [ ] Fig. of the Draw [ X ] No Figure to be  4. [ X ] Oath or Declaration  a. [ ] Newly exect b. [X] Copy from a for continuat i. [ ] DEL Sign inve                                                                               | sclosure C. 113) Total Sivings for Publicate Published Total I                                                                                                                | Pages [6]  copy)  n (37 C.F.R. 1.63(d)) n Box 17 completed)  STOR(S) ached deleting the prior                    | 8. [] 9. [] 10. [X] 11. [X] 12. [X] 13. [] 14a. [] 14b. []        | Power of A English Trai Information Statement (I Preliminary Return Rece Small Entity Foreign Pric                                                            | Cambridge, Mas ttorney [ ] nslation Document Disclosure DS)/PTO-1449 Amendment                                                                            | sachusetts  37 C.F.R. 3.73(b (if applicable)  [ ] Copies of ID  5 U.S.C. §119 or 30 ament(s)                                                                               | S Citations                       |  |
| - Claim(s) - Abstract of the Di  3. [X] Drawing(s) (35 U.S.C [ ] Fig. of the Draw [ X ] No Figure to be  4. [ X ] Oath or Declaration  a. [ ] Newly exect b. [X] Copy from a for continuat i. [ ] DEL Sign inve                                                                               | sclosure C. 113) Total Sivings for Publicate Published  Total I uted (original or of a prior application tion/divisional with terror (s) named in tication, see 37 C 1.33(b). | Pages [6]  copy)  n (37 C.F.R. 1.63(d))  n Box 17 completed)  NTOR(S)  ached deleting the prior  F.R. 1.63(d)(2) | 8. [] 9. [] 10. [X] 11. [X] 12. [X] 13. [] 14a. [] 14b. [] 15. [] | Power of A English Trai Information Statement (I Preliminary Return Rece Small Entity Foreign Pric Certified Cc Nonpublical Other Re Request Uni C.F.R. § 1.8 | Cambridge, Mas ttorney [ ] nslation Document Disclosure DS)/PTO-1449 Amendment cipt Postcard v Statement(s) prity Claim under 3. ppy of Priority Document | sachusetts  37 C.F.R. 3.73(b (if applicable)  [ ] Copies of ID  5 U.S.C. §119 or 30 ument(s) parent application Correspondence Ad 21(e) and Statement trent claims of U.S. | S Citations  65  dress;  Under 37 |  |

| The entire<br>incorpora<br>(Add standa | e disclosure of the pri<br>ted herein by referen<br>ard Related Applications | or appli<br>ce.<br>s section            | ication is con<br>with incorpora | sidered a part of the d | lisclosure of the a<br>ification or update s | ccompanying application and is ame) |  |  |  |
|----------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-------------------------|----------------------------------------------|-------------------------------------|--|--|--|
|                                        |                                                                              |                                         | 18. CORR                         | ESPONDENCE ADD          | RESS                                         |                                     |  |  |  |
| NAME                                   | Customer No.                                                                 | Customer No. 021005                     |                                  |                         |                                              |                                     |  |  |  |
|                                        | HAMILTON, B                                                                  | HAMILTON, BROOK, SMITH & REYNOLDS, P.C. |                                  |                         |                                              |                                     |  |  |  |
| ADDRESS                                | 530 Virginia Road, P.O. Box 9133                                             |                                         |                                  |                         |                                              |                                     |  |  |  |
| CITY                                   | Concord                                                                      | T                                       | STATE                            | MA                      | ZIP CODE                                     | 01742-9133                          |  |  |  |
| COUNTRY                                | USA                                                                          | TEL                                     | EPHONE                           | (978) 341-0036          | FAX                                          | (978) 341-0136                      |  |  |  |
|                                        |                                                                              |                                         |                                  |                         |                                              |                                     |  |  |  |

Group Art Unit: 1644

Prior application information: Examiner: Jessica H. Roark, Ph.D.

| Signature                             | Robert H. andeword  | Date        | September 12. 2003 |
|---------------------------------------|---------------------|-------------|--------------------|
| Submitted by<br>Typed or Printed Name | Robert H. Underwood | Reg. Number | 45,170             |

## HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

| FEE TRANSMITTAL FOR PATENT APPLICATIONS                                                                                                                                                                                                                                                  |                                                                                                                                 | Attorney Docket Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | 1855.1069-006          |                                 |             |                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|---------------------------------|-------------|------------------|--|
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 | Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 | First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Christopher J. Horvath |                                 |             |                  |  |
| CLAIM CALCULATION (includes any preliminary amendment)                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
| CLAIMS                                                                                                                                                                                                                                                                                   | (1) FOR (2) NUMBER FILED (3) NUMBER (4) RATE EXTRA                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             | (5) CALCULATIONS |  |
|                                                                                                                                                                                                                                                                                          | TOTAL CLAIMS<br>(37 CFR 1.16(c) or (j))                                                                                         | 20 -20*=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                 | x                      | \$ 18 =                         | \$          | 0                |  |
|                                                                                                                                                                                                                                                                                          | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b) or (i))                                                                                   | 3 - 3** =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                 | x                      | \$ 84 =                         | \$          | 0                |  |
|                                                                                                                                                                                                                                                                                          | MULTIPLE DEPENDENT CLAIM                                                                                                        | IS (if applicable) (37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FR 1.16(d))       | +                      | \$ 280 =                        | \$          |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 | and the second s |                   | (37 C                  | BASIC FEE<br>FR 1.16(a) or (h)) | \$          | 750              |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 | racio illa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | Total of above C       | Calculations =                  | \$          | 750              |  |
|                                                                                                                                                                                                                                                                                          | Re                                                                                                                              | eduction by 50% for filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g by small entity | y (37 CFR 1.9,         | 1.27, 1.28) =                   | \$          |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        | TOTAL =                         | \$          | 750              |  |
|                                                                                                                                                                                                                                                                                          | Surcharge - Late Filing of Declaration or Filing Fees (37 C.F.R. 1.16(e)) =                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 | Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for Extension of  | Time Fee (37 C         | C.F.R. 1.17) =                  | \$          |                  |  |
|                                                                                                                                                                                                                                                                                          | Assignment Recordation Fee = (only when filed with application)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          | [Other]                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          | * Reissue claims in excess of 20 and over original patent ** Reissue independent claims over original patent  TOTAL =           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             | 750              |  |
| 1. Small                                                                                                                                                                                                                                                                                 | entity status:                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          | b. [ ] A small entity statement was filed in the prior non-provisional application and such status is still proper and desired. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          | c. [ ] Is no longer claimed.                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
| <ol> <li>[X] A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under<br/>37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed<br/>for accounting purposes.</li> </ol> |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
| 3. [X] /                                                                                                                                                                                                                                                                                 | A check is enclosed for \$ 750. [ ] Please charge \$[ ] to Deposit Account No. 08-0380.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
| 4. []                                                                                                                                                                                                                                                                                    | Other:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                 |             |                  |  |
| Sigr                                                                                                                                                                                                                                                                                     | nature ( )                                                                                                                      | . Underwood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Date                   | Sour                            | las La      | 0 /2 2002        |  |
| Subm                                                                                                                                                                                                                                                                                     | itted by                                                                                                                        | obert H. Underwood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Reg. Numb              |                                 | <b>45,1</b> | - 12, 2003       |  |
| Typed or Printed Name Robert H. Underwood                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        | -70,1                           | . ~         |                  |  |

## PATENT APPLICATION Attorney's Docket No.: 1855.1069-006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Christopher J. Horvath and Patricia E. Rao

Continuation of:

Application No.:

09/809,739

Filed:

March 15, 2001

For:

METHOD OF INHIBITING STENOSIS AND RESTENOSIS

Date: September 12, 2003

EXPRESS MAIL LABEL NO. EJ 611949115 US

## REMARKS/CHANGE OF CORRESPONDENCE ADDRESS

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The above-captioned application is a continuation of application number 09/809,739 filed on March 15, 2001 to which priority is claimed under 35 U.S.C. §120.

The Related Applications paragraph and document identifying information at the top of page 1 have been revised. In addition, the attorney's docket number has been revised in the header of pages 2-74.

New Claims 34-39 have been added. Support for the new claims is found, for example, at page 2, line 25 through page 3, line 9, and in Claims 2 and 3 as originally filed.

Corrections to Figures 17 and 18 were approved by the Examiner in the parent application. This application is being filed with Formal Drawings that include the corrected Figures 17 and 18 that were approved in the parent application.

The brief description of Figures 6A-6D on page 6 have been amended to comport with the Formal Drawings. Specifically, ", stippled bars" has been deleted from the brief description of each of Figures 6A-6D.

The "Sequence Listing" is presented as sheets 1/11 - 11/11 at the end of the Application.

The application does not contain new matter.

Pursuant to 37 C.F.R. 1.63(d)(4), please note that a Notice of Change of Correspondence Address was submitted in parent Application No. 09/809,739. Please send all correspondence in the above-identified continuation application to: Customer No. 021005; Hamilton, Brook, Smith & Reynolds, P.C., 530 Virginia Road, P.O. Box 9133, Concord, Massachusetts 01742-9133. In addition, please direct all telephone calls to Helen E. Wendler, Esq. at (978) 341-0036, and all facsimile communications to (978) 341-0136.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

Robert H. Underwood

Registration No. 45,170 Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Dated: Septembe 12, 2003